

Foster Family Home - Corrective Action Report

Provider ID: 2-560054

Home Name: Ernesto Tadeo, CNA

Review ID: 2-560054-9

16-211 Orchidland Drive

Reviewer: Carol Copeland

Kea'au HI 96749

Begin Date: 3/14/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify three client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA

Carol Copeland RN MSN
Compliance Manager

Ernesto Tadeo
Primary Care Giver

3/14/19
Date

3/14/19
Date